

## Substitute Bill No. 6736

January Session, 2015



## AN ACT EXTENDING TO OPTOMETRISTS THE PROHIBITION ON THE SETTING OF PAYMENTS BY HEALTH INSURERS AND OTHER ENTITIES FOR NONCOVERED BENEFITS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 38a-472h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):
- (a) No insurer, health care center, fraternal benefit society, hospital service corporation, medical service corporation or other entity delivering, issuing for delivery, renewing, amending or continuing:

  [an]
  - (1) An individual or a group dental plan in this state shall include in any contract with a dentist licensed pursuant to chapter 379 that is entered into, renewed or amended on or after January 1, 2012, any provision that requires such dentist to accept as payment an amount set by such insurer, center, society, corporation or entity for services or procedures provided to an insured or enrollee that are not covered benefits under such insured's or enrollee's plan; or
- (2) An individual or a group vision plan in this state shall include in
   any contract with an optometrist licensed pursuant to chapter 380 that
   is entered into, renewed or amended on or after January 1, 2016, any
   provision that requires such optometrist to accept as payment an

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- amount set by such insurer, center, society, corporation or entity for services or procedures provided to an insured or enrollee that are not covered benefits under such insured's or enrollee's plan.
- 21 (b) [A dentist shall not] <u>No dentist or optometrist shall</u> charge more 22 for services or procedures that are not covered benefits than such 23 dentist's <u>or optometrist's</u> usual and customary rate for such services or 24 procedures.
- 25 (c) (1) Each evidence of coverage for an individual or <u>a</u> group dental 26 plan shall include the following statement:
- 27 "IMPORTANT: If you opt to receive dental services or procedures 28 that are not covered benefits under this plan, a participating dental 29 provider may charge you his or her usual and customary rate for such 30 services or procedures. Prior to providing you with dental services or 31 procedures that are not covered benefits, the dental provider should 32 provide you with a treatment plan that includes each anticipated 33 service or procedure to be provided and the estimated cost of each 34 such service or procedure. To fully understand your coverage, you 35 may wish to review your evidence of coverage document."
- (2) Each evidence of coverage for an individual or a group vision
   plan shall include the following statement:
- 38 "IMPORTANT: If you opt to receive optometric services or 39 procedures that are not covered benefits under this plan, a 40 participating optometrist may charge you his or her usual and 41 customary rate for such services or procedures. Prior to providing you 42 with optometric services or procedures that are not covered benefits, 43 the optometrist should provide you with a treatment plan that 44 includes each anticipated service or procedure to be provided and the 45 estimated cost of each such service or procedure. To fully understand 46 your coverage, you may wish to review your evidence of coverage document." 47
- 48 (d) Each dentist and optometrist shall post, in a conspicuous place, a

notice stating that services or procedures that are not covered benefits under an insurance policy or plan might not be offered at a discounted rate.

(e) The provisions of this section shall not apply to (1) a self-insured plan that covers dental services <u>or optometric services</u>, or (2) a contract that is incorporated in or derived from a collective bargaining agreement or in which some or all of the material terms are subject to a collective bargaining process.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2016	38a-472h

INS Joint Favorable Subst.

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